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Subject: Council Conclusions on the EU role in Global Health

At the meeting on 10 May 2010, the Council adopted the Conclusions set out in the Annex to this note.

**Council Conclusions on
The EU role in Global Health**

1. The Council welcomes the Commission Communication on the EU Role in Global Health which highlights the need to take action to improve health, reduce inequalities and increase protection against global health threats. Health is central in people's lives, including as a human right, and a key element for equitable and sustainable growth and development, including poverty reduction.
2. Economic and social conditions are crucial determinants of health. Efforts to address social exclusion, power structures that impede equity, and gender equality are of key importance, as well as a strong focus on policy coherence for development in particular the "Equity and Health in All Policies" approach.
3. The Council considers these conclusions also as part of the overall process of establishing the EU position for the MDG High Level Plenary Meeting to be held in New York, which will further define the EU response to the most off-track situations. Progress towards achieving the health-related MDGs has been uneven and insufficient, particularly for MDGs 4 and 5 and especially in Sub-Saharan Africa.
4. The EU has a central role to play in accelerating progress on global health challenges, including the health MDGs and non-communicable diseases, through its commitment to protect and promote the right of everyone to enjoy the highest attainable standard of physical and mental health. The Council emphasises the common agreed EU values of solidarity towards equitable and universal coverage of quality health services as a basis for the EU policies in this area.

5. The Council calls on the EU and its Member States to act together in all relevant internal and external policies and actions by prioritizing their support on strengthening comprehensive health systems in partner countries, which are central to all global health challenges. Since partner countries and their governments hold primary responsibility in this regard, this would require strengthening their capacities to develop, regulate, implement and monitor effective national health policies and strategies. This process should ensure full participation of the representatives of civil society and other relevant stakeholders, including the private sector.
6. This support shall ensure that the main components of health systems – health workforce, access to medicines, infrastructure and logistics, financing and management - are effective enough to deliver universal coverage of basic quality care, through a holistic and rights based approach. In this regard, particular attention will be devoted to the four main health challenges (sexual and reproductive health, child health, communicable and non-communicable diseases) and to the multidimensional nature of health, with close links to gender, food security and nutrition, water and sanitation, education, and poverty.
7. The EU remains concerned with slow progress in MDG 5, particularly in Sub-Saharan Africa. Health systems should pay special attention to gender equality, women’s needs and rights, including combating gender-based violence. Recalling relevant international instruments, the Council recognizes women’s rights to have control over, and decide freely and responsibly on matters related to their sexual and reproductive health. The Council, while strongly reaffirming the linkage between HIV/AIDS policies and programmes and sexual and reproductive health and rights (SRHR) policies and services, underlines that full implementation of and access to these policies and services as set out in the ICPD/Cairo Declaration and Programme for Action, the Beijing Declaration and Platform for Action and other relevant international instruments as well as internationally-agreed development goals, including the MDGs, is crucial for women’s rights, gender equality and women’s empowerment.¹

¹ Cf. Council Conclusions of May 2007 on “Gender Equality and Women’s Empowerment in Development”, paragraph 21.

8. In order to effectively support comprehensive health systems, attention must be given to the mobilization of developing countries' domestic resources, in particular through enhanced tax governance and adequate and efficient national budget allocation to health. The EU should support countries to put in place fair financing health schemes within social health protection models and mechanisms which pool resources, avoid direct payments at the point of service delivery, particularly for vulnerable groups, such as children and pregnant women, and aim at achieving universal and equitable coverage of essential health services.
9. In line with the Paris and Accra commitments on aid effectiveness, the EU and its Member States should, where circumstances permit, endeavour to channel two thirds of health CPA through programme based approaches, at least 50% using country systems, including through budget support. They will strive to achieve the necessary medium-term predictability to enable the design and implementation of national health strategies.
10. The Council insists on the need to forecast and monitor the EU distribution of direct and indirect (including through budget support) health aid, in order to better support countries in greatest need. Using existing data collection mechanisms as much as possible, the EU will regularly map planned three year support in health policy by the EU and its Member States, to accelerate progress on aid effectiveness commitments and on the EU division of labour.
11. The EU stresses the importance of further developing, including through broader participation, and implementing innovative mechanisms for mobilising additional resources in the health sector, and of their potential to contribute to the achievement of the health MDGs, taking into account the aid effectiveness principles².

² Cf. Council Conclusions of May 2009.

12. The Council calls on EU Member States and the Commission to support an increased leadership of the WHO at global, regional and country level, in its normative and guidance functions addressing global health challenges as well as in technical support to health systems governance and health policy, given its global mandate. Accordingly, the Council requests Member States to gradually move away from earmarked WHO funding towards funding its general budget. Without prejudice to respective competencies, the EU and its Member States will endeavour to speak with a stronger and coherent voice at the global level and in dialogue with third countries and global health initiatives.
13. The Council acknowledges the International Health Partnership (IHP+) principles (support one national health strategy, through one budget process and follow up through one monitoring framework) as the preferred framework to apply the aid effectiveness commitments to health and strengthen health systems.
14. The EU also recognises results achieved so far by global health initiatives and funds (notably the Global fund to fight HIV/AIDS, tuberculosis and malaria and the GAVI) in the health sector as well as their role in broad funding mobilization. The EU should actively support them to enhance their focus on strengthening comprehensive health systems, on meeting the challenges of global health³ through cost-effective interventions and stressing their compliance with aid effectiveness principles.
15. In line with the commitments made on policy coherence for development (PCD) and in the framework of the PCD Work Programme, the Council calls on the Commission and the Member States to address the major aspects that influence global health in the five priority areas of trade and financing, migration, security, food security and climate change.

³ 2009 EU Council Conclusions on the Progress Review of the Programme for Action on HIV/AIDS, malaria and tuberculosis through the external action (2007-2011).

16. In this regard the EU should :

- a. support third countries, in particular LDCs, in the effective implementation of flexibilities for the protection of public health provided for in TRIPs agreements, in order to promote access to medicines for all, and ensure that EU bilateral trade agreements are fully supportive of this objective;
- b. on migration; encourage progress towards compliance with the agreed commitments of the EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries, and contribute to the WHA Code of practice on the international recruitment of health personnel;
- c. seek to ensure optimal access to health services for populations in fragile contexts, emergency and/or humanitarian situations and in peace and stabilization processes;
- d. strengthen the links between food security, nutrition and health, with particular support to the most vulnerable groups, inter alia children under five and women in pregnancy and lactating period;
- e. include consideration of health issues in the adaptation and mitigation strategies in developing countries in environmental and climate change policies and actions.

17. The Council underlines the importance of building EU and its Member States collective expertise on global health and strengthening its capacity to engage in health analysis and policy dialogue with developing countries. The mapping of existing EU expertise should be the foundation for action in this area.

18. As regards to research and evidence based dialogue and action, the Council calls on the EU and its Member States to promote effective and fair financing of research that benefits the health of all. Towards that aim the EU will ensure that innovations and interventions produce products and services that are accessible and affordable. This should be achieved by the EU and its Member States through:
- a. working towards a global framework for research and development that addresses the priority health needs of developing countries and prioritises pertinent research actions to tackle global health challenges in accordance with the WHO Global Research Strategy.
 - b. increasing research capacities in public health and health systems in partner countries and strengthening cooperation between the EU and partner countries in this respect.
 - c. exploring models that dissociate the cost of Research and Development and the prices of medicines in relation to the Global Strategy and Plan of Action on Public Health, innovation and intellectual property, including the opportunities for EU technology transfer to developing countries.
 - d. ensuring that EU public investments in health research secure access to the knowledge and tools generated as a global public good and help generate socially essential medical products at affordable prices, to be used through rational use.
 - e. strengthening and balancing the complete health research process of innovation, implementation, access, monitoring and evaluation. International cooperation, common platforms of knowledge sharing and exchange of good practices are essential in this field.
 - f. improving health information systems of partner countries and the collection of quality and comparable data and statistics to enable benchmarking and inform on the impacts of global and national policies on social determinants in health including the adoption of equity indicators.
 - g. respecting the principle of evidence-based approach when setting normative action of food, feed, products, pharmaceuticals and medical devices, while taking into account the precautionary principle considered on a case by case basis.

19. The EU shall promote dialogue and joint action with key global players and stakeholders, including UN agencies concerned with global health, International Financing Institutions, regional organisations, regional health networks, and countries, in order to identify synergies, coordinate actions, advance in the achievement of commitments, and avoid duplication and fragmentation to increase effectiveness.
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